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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

*None RL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None RL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature	<i>RL</i>	Initials			

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TITLE

Electrical box

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